L11000031531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. LEWIS
MAR 15 2011
EXAMINER

IT'S TAX TIME

JJ TAX ACCOUNTING LLC

10 MARCH 2011

FLORIDA DIVISION OF CORPORATION
REGISTRATION SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: MG ORIENTAL STORE (FICTITIOUS NAME)

S I R:

In behalf of my client, please allow us to convert or change MG ORIENTAL STORE, fictitious name to MG ORIENTAL STORE, LLC by filing the Articles of the organization and payment of the corresponding fees.

During the conversation yesterday (03/09/2011) with one of your document Specialist, if we change or convert, we still have to pay the corresponding filing fees for articles of organization of Limited Liability Company (LLC).

In this connection, we are attaching check no. 1437 in the amount of $160 covering payment of filing fee, certificate of Status & certified copy.

Meanwhile, we will retain the EIN assigned by IRS to MG ORIENTAL STORE and report immediately the assigned number as soon as we received your LLC approval.

Thank you for your prompt action.

Very truly yours,

EMIDIO J. GERMINO
Accountant for MG ORIENTRAL STORE, LLC.

ENCLOSURES:
1. Check No. 1437 ($160.00)
2. Articles-LLC (2 copies)

18134 Sandy Pointe Dr.
Tampa, FL 33646
PO Box 48531
W: (813) 907-0239Cell: (813) 727-2143
Fax: (813) 907-0239

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MG ORIENTAL STORE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMIDIO J. GERMINO
Name of Person

JJ TAX ACCOUNTING LLC
Firm/Company

18134 SANDY POINTE DR.
Address

TAMPA, FL 33647
City/State and Zip Code

emenggermino@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIUS L. CASERO at (813) 758-8267
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MG ORIENTAL STORE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
522 NOLA STREET INVERNESS, FL 34452-4754	522 NOLA STREET INVERNESS, FL 34452-4754

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JULIUS L. CASERO
Name

522 NOLA STREET
Florida street address (P.O. Box **NOT** acceptable)

INVERNESS, FL FL 34452-4754
City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	JULIUS L. CASERO 522 NOLA STREET INVERNESS, FL 34452-4754
MGR	MIRIAM Q. CASERO 522 NOLA STREET INVERNESS, FL 34452-4754

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/11/2011. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JULIUS L. CASERO
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)